

Case Number:	CM15-0217224		
Date Assigned:	11/09/2015	Date of Injury:	11/16/2010
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male who sustained an industrial injury on 11-16-10. A review of the medical records indicates he is undergoing treatment for lumbar annular tear at L3-4, history of lumbar radiculitis on the right side, and right foot numbness and tingling. Medical records (5-21-15, 7-2-15, 8-11-15, 9-1-15, and 10-15-15) indicate complaints of left knee and low back pain. He reports that he has numbness and tingling in his right foot that is associated with his low back pain. The provider indicates that the injured worker has not been taking his neuropathic agent consistently. He also complains of left heel pain, which is noted to be "worsening." The physical exam (10-15-15) reveals "slightly decreased" lumbar lordosis. Tenderness is noted more on the right than left paraspinal muscles and quadratus lumborum muscles with "some taut bands." Decreased range of motion for pelvic flexion and extension is noted. Strength is noted to be "4 to 4 out of 5" for dorsiflexion and plantar flexion on the right side. The left side is "5 out of 5." Sensation is noted to be decreased in the L5-S1 dermatomes. Diagnostic studies have included an MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included lumbar facet injections, right L3, L4, and L5 medial branch blocks, a home exercise program, and medications. His medications include Cyclobenzaprine, pain creams, Neurontin, OxyContin, Lunesta, Omeprazole, and Ibuprofen. He has been receiving Gabapentin since at least 5-21-15 and Omeprazole since at least 7-2-15, for a history of nausea, upset stomach, and occasional emesis due to the use of nonsteroidal anti-inflammatory medications. He was prescribed Lunesta on 8-11-15. The utilization review (10-

29-15) includes a request for authorization of Omeprazole 20mg #60 x 2 bottles, Gabapentin 600mg #60 x 4 bottles, and Eszopiclone 2mg #60. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20 mg Qty 60 x 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is insufficient evidence in the records from 10/15/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary and non-certified.

Gabapentin 600 mg Qty 60 x 4 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30%

reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 10/15/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary and non-certified.

Eszopiclone 2 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case, there is lack of documentation from the exam note of 10/15/15 of insomnia to support Lunesta. Therefore, the request is not medically necessary and non-certified.